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O: Examiner S. Gollamudi	FROM: Guy Tucker
Group 1616	
COMPANY: U.S. PTO	PHONE NUMBER: (650) 620-5501
-AX NUMBER: 703-872-9306	FAX NUMBER: (650) 631-3125
PHONE NUMBER:	DATE: January 21, 2004
RE: U.S. Serial No. 09/886,296	NO. OF PAGES: 13
	(INCLUDING COVER)
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Practitioner's Docket No. 0054.10

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas Tarara et al.

Application No.: 09/886,296

Group No.: 1616

Filed: 06/21/2001

Examiner: S. Gollamudi

For: ENGINEERED PARTICLES AND METHODS OF USE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee:

\$950.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)
G with sufficient postage as first class mail.

37 C.F.R. § 1.10*

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Signature

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(type or print name of person certifying)

* Only the date of filing (* 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under * 1.8 continues to be taken into account in determining timeliness. See * 1.703(f). Consider "Express Mail Post Office to Addresses" (* 1.10) or facsimile transmission (* 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Amendment Transmittal-page I of 2

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	ol. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	PREV	EST NO. IOUSLY D FOR		SENT TRA		R.A	ATE		ADDIT. FEE	·
TOTAL	35		30	=	5	x	\$	18,00	_=	\$	90.00
INDEP.	3	_	3		0	X.	\$	86.00	=	\$	0.00
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				•			AJ	TOTAL ODIT. FEE		\$	90.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,0400.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

FEE DEFICIENCY

An additional extension and/or fee is required, charge Account No. 500348.

An additional fee for claims is required, charge Account No. 500348.

Signature of Practitioner

Guy V. Tucker Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070

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